State of South Dakota



Candidate's or Committee's Report of Receipts and Expenditures

Candidates and candidate committees: File in the PACs, political party, ballot question and other co	ommittees: File with E	your nominating petition. Elections Department, Secretary of State's Office, itol Ave., Pierre, SD 57501-5070	MAY 3 0. 2006 S.D. SEC. OF STATE
See pages 9 & 10 of the Guideline Bo	ook for specific in	structions on completing this report.	S.D. SEC. OF STATE
Name of Candidate or Committee Sa	uth Dakota Health (Care Assn. Political Action Comm.	
Complete Mailing Address 804 N. W	Vestern Avenue, Sic	Dux Falls, SD 57104	· · · · · · · · · · · · · · · · · · ·
Name of Person Making Report Mark	кВ. Deak	Daytime Phone Number_	605-339-2071
If you are a candidate, what office are	e you seeking?	· · · · · · · · · · · · · · · · · · ·	
If you are a ballot question committee reporting period and whether the mea		measure(s) the committee was involved or opposed.	ed with during the
Type of Report (See pages 4 & 5 of C	Guideline Book) <u>P</u>	re-Primary Campaign Report	
For Reporting Period Ending (See page	ges 4 & 5 of Guid	eline Book) May 27,2006	·
The following verification must be co	ompleted before s	ubmitting report.	•••••••
VERIFICATION OF PERSON MAK	ING REPORT		
I Mark B.Deak this report and to the best of my know	vledge and belief i	(print name legibly), certify that t is true, correct and complete.	I have examined
Date: May 26, 2006	Condida	Signature or	*
4		Signature or of Committee Treasurer or Chairpers (Filed this	eth.
Revised July 2001	*	May Chi. Melso SECRETARY	day of 06

Name of Candidate or Committee Sou	n Dakota Health Care Assn.	Political Action Com.
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For the reporting period ending May 27.	2006
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Schedule A – Direct Contributions

This schedule is used for reporting all direct contributions. You must keep a record of all contributors, but for this report you may combine all contributions of \$100 or less from individuals and the same from political parties and enter these sums as unitemized contributions on their respective lines below and on the next page. Any contribution of more than \$100 or aggregate during a calendar year from an individual or political party and all contributions from PAC's must be entered as a separate item (itemized) giving the amount, name, address and place of employment (if applicable) of the contributor. Each type of contributor has their own section for itemization. This schedule may be duplicated if you need more space, or you may attach additional sheets of paper.

Unitemized Contributions from Individuals:			*\$ <u>6</u> 12.98
Itemized Contributions from Inc	lividuals		
Name	Residence Address	Place of Employment (Name of Employer)	
See Attached			\$ 1138.82
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Total of Itemized Contributions (From Individuals		*\$ 1751 00

For the reporting period ending May 27, 200	06	•	
Schedule A – D	Pirect Contributions (continued)	- 83	
Unitemized Contributions from Political Parties:		*\$ _	0
Itemized Contributions from Political Parties			
Party Name	Address	120	
		\$_	
		-	
		\$	0
Total of Itemized Contributions from Political Parti	es:	*\$ _	0
Itemized Contributions from Political Action Comm	sittage (PAC's) - All contributions from PAC's my	ıst he item	izad
	Address	st be item	izeu.
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У.		\$	0
Total of Itemized Contributions from Political Action	n Committees:	*\$.	
Total of All Direct Contributions (Sum of all lines w	rith an *)	\$ _	0

Name of Candidate or Committee South Dakota Health Care Assn. Political Action Coun.

Name of Candidate or Committee: South	Dakota Health Care Assn. Political Actio	n Comm.
For the reporting period ending: May 27	2006	
_	- Fund-Raising Events Proceeds se money for the candidate and the net proceeds	derived from each event. If a
Type or Name of Event		Net Proceeds
Apparel		\$700.00
PAC Raffle		\$360.00
PAC Dinner		\$950.00
50/50 Raffle		\$298.00
Putting Contest		\$100.00
Total:		\$2408.00
Report all non-cash contributions of goods or service contributor, residence address and place of employing	nent must be reported.	lue exceeds \$100, the name of the
Nature of Non-Cash Contribution	Name, Residence Address & Place of Employment	Estimated Value
	·	
		·····
	· ·	
Total:		
Sch Use this schedule to report any refunds, interest earn	nedule D - Other Income ned or other income which is not a direct contribu	ution.
Source of Income		Amount
Bank Interest Payments		\$.19

Total:		\$.19

Name of Candidate or Committee: South Dakota Health Care Assn. Political Action Com.	
For the reporting period ending: May 27, 2006	1

Schedule E – Expenditures

This schedule is to report all expenditures relating to a candidate's campaign. Line items have been provided for reporting common expenses. All other expenses should be listed. All contributions to candidates and committees must be listed individually.

Advertising	F	enses	Contributions Made to Candidates a	
Consulting Postage Printing Rent Salaries Felephone Firavel Julities Jist other expense tems below Arrik Service Charge 0 1 1 1 1 1 1 1 1 1 1 1 1	ltem	Amount	Name of Candidate or Committee	Amount
Postage Printing Rent Salaries Pelephone Pravel Jitlities Jist other expense tems below Park Service Charge 0	Advertising			
Postage Printing Rent Salaries Pelephone Pravel Jitlities Jist other expense tems below Park Service Charge 0	Consulting			
Printing Rent Salaries Salaries Salaries Seletephone Pravel Utilities Salaries Seletephone Pravel Service Charge O Sank Service Char				
Rent salaries Felephone				
Salaries Celephone Cravel Cravel				
Telephone Cravel				
Travel Jitlities List other expense tems below amounts below Bank Service Charge 0				
Utilities List other expense tems below Sank Service Charge 0				-
List other expense tems below Earlk Service Charge 0 O O O O O O O O O O O O O O O O O O				-
tems below amounts below Bank Service Charge 0				
Parik Service Charge 0		List other expense		
		 		
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	l ending:	
*	Schedule F - Debts and Oblig	ations
his schedule is to report all of	the candidate's campaign obligations which are unpai	d at the end of the reporting period. If a s
as been contracted but not bil	led, estimate the amount of the obligation.	40
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		Summary Page	#
	s summary sheet will give a brief outline of all cam in the schedules previously completed.		Please transfer all totals
1.	Amount on hand, if any, at the beginning	of the reporting period:	\$ 8649.45
2.	Receipts		
	Schedule A - Direct Contributions	\$ 1751.80	
	Schedule B - Fund-Raising Events	\$ 2408.00	
	Schedule C - In Kind Contributions	\$	
	Schedule D - Other Income	\$19	
	Total of all Receipts	\$ <u>4159.99</u>	
3.	Total Monetary Receipts (A+B+D)	¥.	\$ <u>4159.99</u>
4.	Candidate's Personal Contribution to Own	n Campaign	\$0
5.	Monetary Loans to Candidate or Committee	tee During Reporting Period	\$0
6.	Monetary Loans Repaid During Reporting	g Period	\$0
7.	Expenditures - Schedule E		\$
8.	Unpaid Obligations - Schedule F	\$	
9.	Amount on hand at the close of this report. This should equal lines (1+3+4+5) - (6+7)	• .	\$ 12809,44

Name of Candidate or Committee: South Dakota Health Care Assn. Political Action Comm.

For the reporting period ending: May 27, 2006

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Schedule A – Direct Contributions

Julie Schenkel 30035 416 Avenue Tyndall, SD 57066	Good Samaritan Center	\$150.00
Mary Knutson 201 Park Avenue S Lake Preston, SD 57249	Kingsbury Memorial Manor	\$103.00
Michella Mathis PO Box 302 Tripp, SD 57376	Good Samaritan Center	\$109.18
Kimberly Longe 521 N. Main Bridgewater, SD 57319	Diamond Care Center	\$115.36
Judith Headley 405 S. East St. Menno, SD 57045	Menno-Olivet Care Center	\$100.94
Mary Beth Grape 714 1 st Avenue NE Watertown, SD 57201	Parkview Care Center	\$134.84
Michele Juffer PO Box 69 Wagner, SD 57380	Good Samaritan Center	\$141.00
David Simpson 3625 Canyon Drive Rapid City, SD 57702	Fountain Springs Health Care	\$184.50
Mary Knutson 201 Park Avenue S Lake Preston, SD 57249	Kingsbury Memorial Manor	\$100.00

Total = \$1138.82

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